

adam



Application Guide

Payments Only Categories

Cardiff Council - Care Homes

February 2021

adam

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Cardiff Council - Application Guide for Payments Only Enrolments

Cardiff Council will be working with *adam*HTT Ltd to implement a new Dynamic Approved Provider List (DAPL) for Care Home Services for Older People & Older People requiring Mental Health Support. The system will be used to enable an end-to-end process to manage all requirements that Cardiff Council has for Residential and/ or Nursing Care for Older People & Older People requiring Mental Health Support, from sourcing through to payment.

In addition, the system will be used to process **all** payments for other categories of Residential & Nursing Care Commissioned by the Council. If you wish to join the DAPL and also provide services to individuals from other client groups (i.e. those with Learning or Physical Disabilities) please see section 2.1 "Adding Service Categories" for more information.

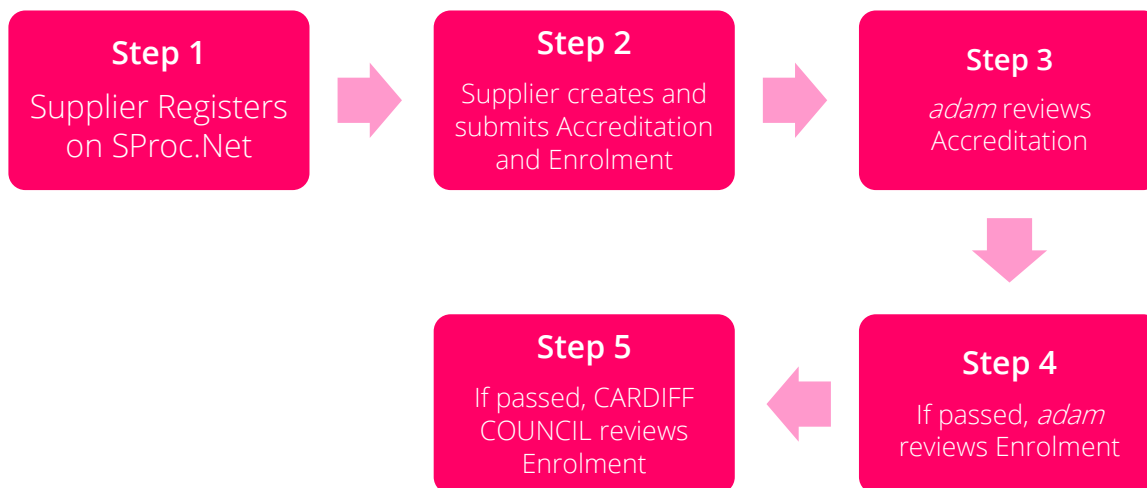
Please note that the information in this document only refers to the onboarding process for companies who select a PAYMENTS ONLY service category. If you would like to review the onboarding criteria for the Mental Health Service for Older Persons and Older Persons, you can find that Application Guide at Demand.SProc.net/client. Please note if you select one PAYMENT ONLY category and either the Mental Health Service for Older Persons or Older Persons then your Application will be reviewed in line with the criteria set out in the Application Guide for Mental Health Service for Older Persons and Older Persons.

This document will cover the following:

- Registration – applicable for Providers new to SProc.Net
 - Adding Users
 - Adding Locations
- Accreditation – information required
- Enrolment – information required
- Reasons you may fail to onboard to this DAPL
- Next Steps

How to join SProc.Net

The step-by-step process to be completed online is as follows:



Please note that if either the Accreditation is failed or the Providers fail to submit the correct documentation that is requested as mandatory documents you will not be able to complete the onboarding process – in these cases, you will be notified within the system. The Enrolment will not be rejected by the council on the basis all your documentation is uploaded correctly. If you fail to upload the correct documentation you will be advised of this through the system. Due to the number of applications that will be reviewed the feedback may not always be detailed. Typically, the cycle of these steps will take a maximum of 10 working days.

Registration

Register

You must register your business on the system (<https://www.sproc.net>). If your facility is part of a larger parent group, then head office should register on SProc.Net. The below shows what is required:

- Business name
- Registered trading name (if different from the above)
- Business tax/VAT number

- Charity registration number (charities only)
- Company registration number (companies only)
- SME status
- Registered business address (Address line 1, City, Postcode etc.)
- Telephone number
- Email address

Please note: If your organisation is already registered on SProc.net, you do not need to re-register, simply log in with your credentials and add new users as necessary. However, regardless of whether you have an account or not, everyone will need to complete the enrolment process outline below.

Add a System User

Once the company details have been filled in, you will be taken to a page to create a system User for head office which will require the following:

- First name
- Last name
- Job title
- Email address

Once the above fields have been completed and the first User has been created, they will receive a username and temporary password. Upon logging into SProc.Net the User will be prompted to change their password. The User will have Administrator privileges and have the ability to create other Users for their organisation – they will be in control of the privileges allowed to these additional accounts.

Add a Location

If your organisation has multiple locations or offices, it is possible to add these additional locations once the company has been registered.

To add a location, go to the Admin tab > My Company > Locations > New, and then follow the steps to fill in the details for the location. This will include:

- Location display name
- Address

Please note: While the accreditation only needs to be completed once per organisation, each care home within the organisation that will be required to complete the enrolment process.

Accreditation & Enrolment

The Accreditation and Enrolment are the two phases of the application criteria to join the DAPL. The tables below show the questions which the Provider will have to respond to. Some questions will only have to be answered depending on the response to another question.

1. Accreditation

To start a new Accreditation, you will need to select the following:

Client: Cardiff City Council

Category: Care Homes DAPL

This table shows the questions which will need to be completed as part of your Accreditation. If the question is not applicable to your organisation you must insert N/A.

Q	Company Information	Trigger
1	Name of legal entity or sole-trader	
2	Registered office address (if applicable)	
3	Registered website address (if applicable)	
4	What is the legal entity type of your organisation	
5	If Other, please specify the legal entity type of your organisation	4 (Other)
6	Date of registration in country of origin	
7	Company registration number (if applicable)	
8	Charity registration number (if applicable)	
9	Head office DUNS number (if applicable)	
10	Registered VAT number	
11	If applicable, is your organisation registered with the appropriate professional or trade register(s) in the member state where it is established?	
12	Please provide the relevant details, including the registration number(s)	11 (Yes)
13	Is it a legal requirement in the state where you are established for you to possess a particular authorisation, or be a member of a particular organisation in order to provide the services specified in this procurement?	
14	Please provide additional details of what is required and confirmation that you have complied with this.	13 (Yes)
15	Trading name(s) that will be used if successful in this procurement	
16	Relevant classifications (state whether you fall within one of these, and if so which one)	

17	Are you a Small, Medium or Micro Enterprise (SME)? See EU definition of SME: https://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en/	
18	<p>Details of Persons of Significant Control (PSC), where appropriate:</p> <ul style="list-style-type: none"> - Name - Date of birth - Nationality - Country, state or part of the UK where the PSC usually lives - Service address - The date that they became a PSC in relation to the company (for existing companies the 6 April 2016 should be used) - Which of the following conditions for being a PSC are met <ul style="list-style-type: none"> - Over 25% up to (and including) 50%, - More than 50% and less than 75%, - 75% or more. <p>(Please enter N/A if not applicable)</p> <p>UK companies, Societas Europaea (SEs) and Limited Liability Partnerships (LLPs) will be required to identify and record the people who own or control their company. Companies, SEs and LLPs will need to keep a PSC register, and must file the PSC information with the central public register at Companies House. See PSC guidance.</p>	
19	<p>Details of immediate parent company:</p> <ul style="list-style-type: none"> - Full name of the immediate parent company - Registered office address (if applicable) - Registration number (if applicable) - Head office DUNS number (if applicable) - Head office VAT number (if applicable) <p>(Please enter N/A if not applicable)</p>	
20	<p>Details of ultimate parent company:</p> <ul style="list-style-type: none"> - Full name of the ultimate parent company - Registered office address (if applicable) - Registration number (if applicable) - Head office DUNS number (if applicable) - Head office VAT number (if applicable) <p>(Please enter N/A if not applicable)</p>	
21	Are you bidding as the lead contact for a group of economic operators?	
22	What is the name of the group of economic operators? Please enter N/A if not applicable.	

23	Proposed legal structure if the group of economic operators intends to form a named single legal entity prior to signing a contract, if awarded. If you do not propose to form a single legal entity, please explain the legal structure.	21 (Yes)
24	Are you or, if applicable, the group of economic operators proposing to use sub-contractors?	
25	Please confirm you have uploaded additional details for each sub-contractor in the downloadable template.	24 (Yes)

This table shows the documents which will need to be uploaded as part of your Accreditation.

Document	Instructional Text
MHSOP and Older Persons Regional Care Home Contract / PAYMENT ONLY - Signature Document	If you intend to provide services for Older People or Mental Health Services for Older People over 65, please download, sign and upload the MHSOP and Older Persons Regional Care Home Contract. If you intend to use the system for Payments Only, please upload the PAYMENT ONLY - Signature Document.
Declaration Statement	Please Download and tick to confirm your agreement
Self-Bill Agreement	Please Download and tick to confirm your agreement
Sub-Contractor Information	If you have responded 'Yes' to Question 24, please download the Sub-Contractor Information document, complete, and re-upload. If you have responded 'No' to Question 24, please upload a document stating that no Sub-Contractors are to be used.

2. Enrolment

Once the Accreditation is complete, the Enrolment can be started immediately. You do not have to wait for the Accreditation to be approved, however your Enrolment can only be reviewed by *adam* after you have an Approved Accreditation.

This table shows the questions which will need to be completed as part of your Enrolment. If the question is not applicable to your organisation you must insert N/A.

Q	Company Information	Trigger
1	<p>Regulations 57(1) and (2)</p> <p>The detailed grounds for mandatory exclusion of an organisation are set out on this web page: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf which should be referred to before completing these questions.</p> <p>Please indicate if, within the past five years you, your organisation or any other person who has powers of representation, decision or control in the organisation been convicted anywhere in the world of any of the offences within the summary below and listed on the webpage.</p> <ul style="list-style-type: none"> - Participation in a criminal organisation - Corruption - Fraud - Terrorist offences or offences linked to terrorist activities - Money laundering or terrorist financing - Child labour and other forms of trafficking in human beings 	
2	<p>If you have answered 'yes' to the question above, Please provide further details;</p> <ul style="list-style-type: none"> - Date of conviction, specify which of the grounds listed the conviction was for, and the reasons for conviction, - Identity of who has been convicted - If the relevant documentation is available electronically please provide the web address, issuing authority, precise reference of the documents. 	1 (Yes)
3	<p>If you have answered "Yes" to any of the questions above. have measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion ? (Self-Cleaning)</p>	1 (Yes)
4	<p>Regulation 57(3)</p> <p>Has it been established, for your organisation by a judicial or administrative decision having final and binding effect in accordance with the legal provisions of any part of the United Kingdom or the legal provisions of the country in which the organisation is established (if outside the UK), that the organisation is in breach of obligations related to the payment of tax or social security contributions?</p>	
5	<p>Please provide further details. Please also confirm you have paid, or have entered into a binding arrangement with a view to paying, the outstanding sum including where applicable any accrued interest and/or fines.</p> <p>Please Note: The authority reserves the right to use its discretion to exclude a potential supplier where it can demonstrate by any appropriate means</p>	4 (Yes)

	that the potential supplier is in breach of its obligations relating to the non-payment of taxes or social security contributions.	
6	<p>Regulation 57 (8)</p> <p>The detailed grounds for discretionary exclusion of an organisation are set out on this web page, which should be referred to before completing these questions. Please indicate if, within the past three years, anywhere in the world any of the following situations have applied to you, your organisation or any other person who has powers of representation, decision or control in the organisation.</p> <ul style="list-style-type: none"> - Breach of environmental obligations - Breach of social obligations - Breach of labour law obligations - Bankrupt or is the subject of insolvency or winding-up proceedings, where the organisation's assets are being administered by a liquidator or by the court, where it is in an arrangement with creditors, where its business activities are suspended or it is in any analogous situation arising from a similar procedure under the laws and regulations of any state - Guilty of grave professional misconduct - Entered into agreements with other economic operators aimed at distorting competition - Aware of any conflict of interest within the meaning of regulation 24 due to the participation in the procurement procedure - Been involved in the preparation of the procurement procedure - Shown significant or persistent deficiencies in the performance of a substantive requirement under a prior public contract, a prior contract with a contracting entity, or a prior concession contract, which led to early termination of that prior contract, damages or other comparable sanctions 	
7	<p>Please provide further details.</p> <ul style="list-style-type: none"> - Date of conviction, specify which of the grounds listed the conviction was for, and the reasons for conviction. - Identity of who has been convicted. - If the relevant documentation is available electronically please provide the web address, issuing authority, precise reference of the documents. 	6 (Yes)
8	Have measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? (self-cleaning)	6 (Yes)
9	<p>Regulation 57 (8)</p> <p>Please indicate if, within the past three years, anywhere in the world any of the following situations have applied to you, your organisation or any other person who has powers of representation, decision or control in the organisation.</p>	

	<ul style="list-style-type: none"> - The organisation is guilty of serious misrepresentation in supplying the information required for the verification of the absence of grounds for exclusion or the fulfilment of the selection criteria - The organisation has withheld such information - The organisation is not able to submit supporting documents required under regulation 59 of the Public Contracts Regulations 2015 - The organisation has influenced the decision-making process of the contracting authority to obtain confidential information that may confer upon the organisation undue advantages in the procurement procedure, or to negligently provided misleading information that may have a material influence on decisions concerning exclusion, selection or award 	
10	<p>Please provide further details.</p> <ul style="list-style-type: none"> - Date of conviction, specify which of the grounds listed the conviction was for, and the reasons for conviction. - Identity of who has been convicted. - If the relevant documentation is available electronically please provide the web address, issuing authority, precise reference of the documents. 	9 (Yes)
11	<p>Have measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? (self-cleaning)</p>	9 (Yes)
12	<p>Please confirm that, if required you will make yourself available for a visit from or meet with officers of the City of Cardiff Council within the enrolment period.</p> <p>Please note that this meeting may be required to be undertaken remotely, via Microsoft Teams.</p>	
13	<p>If you plan to select Older People or Mental Health Service For Older People (Over 65) categories, please self-certify that you will download, sign and re-upload the declaration statement within the downloadable template section of this enrolment.</p>	
14	<p>Please give the names and addresses of each Director and Partner. Please indicate whether any of these individuals have relatives who are, or have in the last five years been employed by the Council or are members of the Council.</p>	
15	<p>Please state whether your organisation is able to deliver Nursing Care</p>	
16	<p>Please state the total number of full time staff that are employed within your organisation's registered location.</p> <p>Please clearly provide a breakdown of that number by the following roles:</p> <ul style="list-style-type: none"> - Care Workers - Office Staff and/ or Coordinators - Managers 	

	<ul style="list-style-type: none"> - Other Staff (if applicable) - Registered Nurses (if applicable) 	
17	<p>Please state the total number of part time staff that are employed within your organisation's registered location.</p> <p>Please clearly provide a breakdown of that number by the following roles:</p> <ul style="list-style-type: none"> - Care Workers - Office Staff and/ or Coordinators - Managers - Other Staff (if applicable) - Registered Nurses (if applicable) 	
18	Please state how many male care workers and/ or registered nurses (if applicable) are employed within your organisation's registered location	
19	Please state how many female care workers and/ or registered nurses (if applicable) are employed within your organisation's registered location	
20	Please state how many gender fluid care workers and/ or registered nurses (if applicable) are employed within your organisation's registered location	
21	<p>Please indicate the percentage of care workers and/ or registered nurses (if applicable) who left in the last 12 months.</p> <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	
22	<p>Please indicate the percentage turnover of care workers and/ or registered nurses (if applicable) in the last 12 months.</p> <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	
23	<p>Please indicate the percentage of your care workers that currently hold a minimum of Level 2 QCF in Health & Social Care.</p> <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	
24	Please indicate the percentage of non-qualified staff who have completed the All Wales Induction Framework (AWIF)	
25	Please confirm that all nursing staff have a current up to date registration. (if applicable)	
26	<p>Has your organisation suffered a deduction for liquidated or ascertained damages in respect of any contract within the last three years?</p> <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	

27	Please provide details including name of customer, reasons for deduction and any explanation of what action you have taken to ensure this won't happen again.	26 (Yes)
28	Has your organisation had a local authority/NHS contract terminated, or not renewed, or has your organisation been otherwise sanctioned by a customer for failure to perform, or serious breach of contract within the last three years? Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.	
29	Please provide details including name of customer, reasons for cancellation and any action taken to ensure this will not happen again.	28 (Yes)
30	In the last three years, has any finding of unlawful discrimination been made against your organisation by an employment tribunal, an employment appeal tribunal or any other court (or in comparable proceedings in jurisdiction other than the UK)? Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.	
31	Please provide a summary of the finding or judgement and explain what action you have taken to prevent similar unlawful discrimination from recurring.	30 (Yes)
32	Does this organisation have a dedicated responsible individual?	
33	Is this organisation working towards having a dedicated responsible individual?	32 (No)
34	If yes please provide the name and contact details of the responsible individual	32 (Yes)
35	Does this location have a Manager?	
36	Please confirm that the named manager has an appropriate qualification that has enabled them to register with Social Care Wales. Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.	35 (Yes)
37	Please confirm that the named manager is working towards an appropriate qualification that will enable them to register with Social Care Wales	36 (No)
38	Please provide the name and contact details of the manager.	36 (Yes)
39	Please explain why the named manager is not currently registered with Social Care Wales to an appropriate level	37 (No)
40	Please provide details of how the named manager is working towards obtaining this registration.	37 (Yes)

41	<p>Are you able to provide a copy of your audited accounts for the last two years, if requested?</p> <p>If no, can you provide the following: A statement of the turnover, Profit and Loss Account/Income Statement, Balance Sheet/Statement of Financial Position and Statement of Cash Flow for the most recent year of trading for this organisation OR A statement of a 2 year cash flow forecast for the current year and a bank letter outlining the current cash and credit position</p> <p>Please note: If only providing a cash flow forecast this may be subject to review to verify information provided elsewhere</p>	
42	<p>If no, can you provide the following: Alternative means of demonstrating financial status if any of the above are not available (e.g. forecast of turnover for the current year and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status).</p>	41 (No)
43	Are you able to provide parent company accounts? (if applicable)	42 (No)
44	If yes please confirm you will upload this in the Financial Document section of this Enrolment.	42 (Yes)
45	If no, would the parent company be willing to provide a guarantee if necessary?	43 (No)
46	If yes, please upload a copy of the guarantee from your Parent Company in the financial document section.	45 (Yes)
47	If no, would you be able to obtain a guarantee elsewhere (e.g. from a bank)?	45 (No)
48	If yes, please confirm you will upload the evidence of this guarantee in the financial document section.	47 (Yes)
49	<p>What is your acid-test ratio from your last set of accounts?</p> <p>The ratio is defined as: (Cash + accounts receivable + short term investments) divided by (Current Liabilities)</p> <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	
50	Please give details of your net profit (or loss) after tax for the last two years	
51	Identify and describe any outstanding civil or criminal litigation that has been brought against your organisation, and comment on its potential to result in damages or remedy that could affect the financial stability of your organisation.	

52	Provide the name and contact details of the person you would like the Council to liaise with regarding any queries about the financial position of your organisation.	
53	<p>Please enter your Dun & Bradstreet (DUNS) registration number here</p> <p>If you are not currently registered you can obtain a free DUNS number for your organisation by visiting http://www.dnb.co.uk/forms/duns_request.asp</p> <p>Note: The Council will not be able to review your application without this information being provided</p>	
54	<p>Where you intend to sub-contract a proportion of the contract, please demonstrate how you have previously maintained healthy supply chains with your sub-contractor(s)</p> <p>Evidence should include, but is not limited to, details of your supply chain management tracking systems to ensure performance of the contract and including prompt payment or membership of the UK Prompt Payment Code (or equivalent schemes in other countries)</p> <p>Please enter N/A if you do not sub-contract.</p>	
55	Are you a relevant commercial organisation as defined by section 54 ("Transparency in supply chains etc.") of the Modern Slavery Act 2015 ("the Act")?	
56	<p>If you have answered yes to question 53 are you compliant with the annual reporting requirements contained within Section 54 of the Act 2015?</p> <p>If yes, Please provide the relevant url to view the statement. If no please provide an explanation</p>	55 (Yes)
57	<p>Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:</p> <p>Employer's (Compulsory) Liability Insurance = £10m</p>	
58	<p>Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below:</p> <p>Public Liability Insurance = £5m</p>	
59	<p>Professional Liability Insurance = £2m</p> <p>Please confirm you have uploaded a scanned copy of your organisation's</p>	

	Insurance Certificate for your Professional Liability Insurance, which must be a minimum of £2m.	
60	<p>Please confirm you have uploaded your most recent CIW/CQC Registration certificate (CQC will only be accepted if your organisation is registered outside of Wales). If you have yet to register with the CIW, please upload a document to explain this.</p> <p>For Payment Only categories you will be required to upload a copy for information only.</p>	
61	Are you, or is your company, registered with an industrial or occupational safety group, for example a member of the Safety Schemes in Procurement (www.SSIP.org.uk) or equivalent? If you are bidding as, or on behalf of a consortium, or as a lead contractor organisation working alongside sub-contractors, please answer in respect of all consortium members / organisations who are included in your bid, please indicate which of your consortium members are registered.	
62	Please state the organisation concerned, provide your membership number, your membership level, and other details of what your registration covers.	61 (Yes)
63	Please confirm that you will have the appropriate certification in place before delivery of the contract commences.	61 (No)
64	If you use subcontractor(s), or are bidding on behalf of an economic group, do you have processes in place to check whether any enforcement/remedial orders served against Directors or Executive Offices apply to these other organisations? If you are successful you must be in a position to provide evidence if required, prior to contract award, and without delay.	
65	Please confirm you will provide evidence of the procedures you use to monitor subcontractors' or consortium members' Health and Safety arrangements.	64 (Yes)
66	Do you use subcontractors and/ or agency care workers and/or agency registered nursing staff (if applicable) to deliver care.	
67	Has your organisation or any of its Directors or Executive Officers been in receipt of enforcement/remedial orders in relation to the Health and Safety Executive (or equivalent body) in the last 3 years?	
68	Please provide details of the enforcement/remedial orders served and give details of any remedial action or changes to procedures you have made as a result.	67 (Yes)

69	Please confirm that your company has a Health and Safety Policy. If you are successful you must be in a position to provide evidence if required, prior to contract award, and without delay.	
70	Is your Health and Safety policy reviewed/ amended periodically (at least bi-annually)?	
71	Do all staff receive induction and / or safety training before undertaking work? If you are successful, you must be in a position to provide evidence, if required, prior to contract award, and without delay. If you are bidding on behalf of a consortium please include data from all consortium members.	
72	Do you have a nominated competent person responsible for Health & Safety advice?	
73	Please provide the name and contact details of this person.	72 (Yes)
74	Please confirm that you have arrangements in place to manage chemicals used under the Control of Substances Hazardous to Health (COSHH) Regulations? If you are successful you must be in a position to provide evidence if required, prior to contract award, and without delay.	
75	Please provide all the relevant details of previous breaches of health and safety legislation in the last 5 years, applicable to the country in which you operate. If this is not applicable, please put N/A	
76	Do you have means of recording and reporting accidents and dangerous occurrences (e.g. accident book)?	
77	Please confirm you will upload: A document describing your accident reporting/investigation policies or procedures and your Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) procedure OR Your organisation's Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) policy document	
78	Does your Personal Protective Equipment meet required British/EN Standards?	
79	Do you provide Personal Protective Equipment to employees free of charge & hold updated records of Personal Protective Equipment supplied?	
80	Have you carried out risk assessments for the activities you undertake?	

81	Have the risk assessments been formally documented?	80 (Yes)
82	Do you have a Violence and Aggression policy/procedure in place? You may be required to provide copies of such documents at a later date.	
83	Do you have a Control of Infection policy/procedure in place? You may be required to provide copies of such documents at a later date.	
84	Do you have a Medication policy/procedure in place? You may be required to provide copies of such documents at a later date.	
85	Do you have a Clinical Waste policy/procedure in place? You may be required to provide copies of such documents at a later date.	
86	Do you have a Water Analysis / Legionella policy/procedure in place? You may be required to provide copies of such documents at a later date.	
87	Do you have a First Aid policy/procedure in place? You may be required to provide copies of such documents at a later date.	
88	Do you have an Individual care plans/ service plans which cover safe working practices policy/procedure in place? You may be required to provide copies of such documents at a later date.	
89	If required, would you be able to provide the latest certificates of inspection for each of the following where applicable?: <ul style="list-style-type: none"> • Lifting Equipment • Portable appliance testing • Fixed Electrical Installations • Gas Safety 	
90	Please self-certify that your organisation has a General Data Protection Policy that complies with current legislative requirements.	
91	Please confirm that you will be able to provide a copy of your Organisation's General Data Protection Policy, if requested.	
92	Please self-certify that your organisation has a Sustainability or Environmental Policy or Statement that complies with current legislative requirements.	
93	Please confirm that you will be able to provide a copy of your Organisation's Sustainability or Environmental Policy or Statement, if requested.	
94	Do you intend to offer care for Older People and Mental Health Service for Older People over 65 service categories?	
95	Please outline how you contribute to environmental sustainability in the course of your business Your response should include but not be limited to: <ul style="list-style-type: none"> • Use of renewable resources and the preservation of non-renewable ones • The reduction, reuse and recycling of materials, with particular reference to plastics 	94 (Yes)

	<ul style="list-style-type: none"> • The use of electronic equipment and case management systems in order to reduce paper use and wastage • The support provided to staff to travel across the City e.g shared transport / cycle schemes (where applicable) <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	
96	Please self-certify that your organisation has a Diversity or Equality Statement that complies with current legislative requirements.	
97	Please confirm that you will be able to provide a copy of your Organisation's Diversity or Equality Statement, if requested.	
98	<p>Please outline how you ensure diversity and inclusion within the workplace for both your Service Users & Workforce.</p> <p>Your response should include but not be limited to:</p> <ul style="list-style-type: none"> • How you promote equality and accessibility without discrimination to service users & individuals • How you ensure that employment/ engagement & other opportunities are promoted in a manner which is fully accessible <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	94 (Yes)
99	<p>Please upload a copy of your organisation's Business Continuity Plan to demonstrate how your organisation will respond to circumstances that may affect the day to day running of your business (e.g. telephone lines down, bad weather, unpredictable staff sickness).</p> <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	
100	<p>Please outline any continued training and development processes and opportunities provided to staff within your organisation to ensure continued high quality care delivery.</p> <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	94 (Yes)
101	<p>Demonstrate how your organisation ensures that all staff who are employed (including agency workers who are utilised) have undergone a Disclosure Barring Service check and have been assessed to be suitable to work with vulnerable adults and children. This will include as a minimum how your organisation ensures that renewals are undertaken every three years or as per current legislation.</p>	94 (Yes)

	Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.	
102	Please confirm that you have a current safeguarding policy in place	
103	Please confirm you will upload a copy of your safeguarding policy. Please note that if required, this may be used by the evaluation team to verify information submitted in response to Question 113. This will not impact Payment Only Categories.	
104	Please confirm that your Organisation's Safeguarding Policy is in line with the Wales Safeguarding Procedures.	
105	Please confirm your organisations Safeguarding Policy ensures your workforce is made aware of possible risks to people in receipt of services, to themselves and others when providing domiciliary care.	
106	Please provide details, including role, name and contact number for the person who is responsible for safeguarding within the organisation.	
107	Please confirm that all staff are aware of the Lead Person within the organisation responsible for Safeguarding.	
108	Please provide details of the process in place for staff to report when the lead is not available.	
109	Please confirm that all staff have undertaken safeguarding training within their induction period.	
110	Please select the statement which best reflects your organisation from the below options: Statement 1 - I am an accredited Living Wage Foundation Employer and pay my staff the Real Living Wage Foundation rate for both Contact Time and Travel Time, and uplift pay in line with the current Real Living Wage Foundation rate. Statement 2 - I am an accredited Living Wage Foundation Employer and pay my staff the Real Living Wage Foundation rate for Contact Time and uplift pay in line with the current Real Living Wage Foundation rate. Statement 3 - I am currently going through the process of becoming an accredited Living Wage Foundation Employer and will be an accredited provider within the first 6 months of the framework/contract Statement 4 - I am not an accredited Living Wage Foundation Employer but pay the Real Living Wage Foundation rate to all employees (except volunteers, apprentices and interns)	

	<p>Statement 5 - I am not an accredited Living Wage Foundation Employer but commit to gaining accreditation over the first 6 months of the framework/contract</p> <p>Statement 6 - I am not an accredited Living Wage Foundation Employer and do not currently pay the Real Living Wage Foundation rate to all employees but commit to paying the Real Living Wage Foundation rate to all employees (except volunteers, apprentices and interns) within the first 6 months of the framework/contract</p> <p>Statement 7 - I am not an accredited Living Wage Foundation Employer and do not currently pay the Real Living Wage Foundation rate to all employees</p>	
111	If you have selected Statement 1 or 2 above, please confirm you will upload a copy of your Living Wage Foundation Certificate.	
112	Please confirm you understand that the council will conduct site visits as part of their ongoing Provider monitoring.	
113	<p>Please outline your organisation's knowledge and understanding of the All Wales Adult Procedures for Safeguarding.</p> <p>Your response should include but not be limited to:</p> <ul style="list-style-type: none"> • The understanding of your obligations under the procedures • How all employees involved in direct delivery of services understand and recognise issues relating to the safeguarding of vulnerable adults in line with legislative and best practice requirements • How you will use your knowledge and understating of the safeguarding procedures to successfully manage outcomes where there are suspicions or incidences of abuse. <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	94 (Yes)
114	<p>Describe your organisation's approach to outcome-based support planning and procedures.</p> <p>Your response should include but not be limited to how you will:</p> <ul style="list-style-type: none"> • Measure and monitor individual's outcomes progress and the success of support tools • Manage individuals' outcomes • Work with the individuals' to achieve their outcomes • Develop and maintain family or other personal relationships where appropriate 	94 (Yes)

	<ul style="list-style-type: none"> • Make use of necessary facilities or services in the local community <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	
115	<p>What is your approach to quality management?</p> <p>Your response should include but not be limited to how you will:</p> <ul style="list-style-type: none"> • Implement quality improvement measures • Engage with and feedback from people using the service and their advocates • Deliver performance management information • Ensure appropriate procedures are in place for Quality governance audit • Put in place remedies if the quality of service was found to be failing to meet the required standard <p>Please note: This question will affect your Provider Quality Score for MHSOP or OP Service Categories.</p>	94 (Yes)
116	<p>Cardiff Council has a statutory duty to comply with the Welsh Language Standards. Please confirm that you are able to comply with the requirements described in the Welsh Language Service Delivery Standards document in order to meet the needs of a Service User who wishes to receive services and the provision of their care through the Welsh language.</p>	
117	<p>If you are not currently able to comply with these requirements, can you commit to be able to offer this during the course of the DAPL?</p>	116 (No)
118	<p>Consistent with the Welsh Government's 'More than Just Words' strategy, is sensitivity to Service User's use of the Welsh language and its possible impact on care delivery included in your staff training programme?</p>	
119	<p>If you are not currently able to comply with these requirements, can you commit to be able to offer this during the course of the DAPL?</p>	118 (No)

This table shows the documents which will need to be uploaded as part of your Enrolment.

Documents	Instructional text
Financial Documentation	Please upload copies of the required financial documentation, as requested in Q41-48, as applicable
Employers Liability Insurance	Please upload your Employers Liability (including volunteers) Insurance Policy (£10m), as requested in Q57.

Public Liability Insurance	Please upload your Public Liability Insurance (including Loss or damage to Service Users' personal effects) (£5m), as requested in Q58.
Professional Liability Insurance	Please upload your Professional Liability Insurance (£2m) as requested in Q59.
Business Continuity Plan	Please upload a copy of your Business Continuity Plan as requested in Q99.
CIW Registration Confirmation	Please upload a copy of your CIW/CQC registration/Certificate as requested in Q60. If this is not possible please upload a statement explaining why.
Subcontractor Health & Safety Monitoring Policy	Please upload a file demonstrating the procedures you use to monitor subcontractors' or consortium members' Health and Safety arrangements.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) policy	Please upload: A document describing your accident reporting/investigation policies or procedures and your Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) procedure OR Your organisation's Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) policy document
Living Wage certification	Please upload a copy of your Living Wage Foundation Certification as requested in Q110. If this is not applicable to yourself, please upload a document stating this.
Safeguarding Policy	Please upload a copy of your organisation's Safeguarding Policy as requested in Q103.
Declaration Statement	Please download, sign and re-upload the declaration statement within the downloadable template section of this enrolment as requested in Q13

2.1 Adding Service Categories

The Service Categories below show a breakdown of the services which Cardiff Council includes under the Care Homes DAPL Category.

You will need to select all the Service Categories which apply to your organisation, so that you can later receive the relevant notifications. These are:

Service Category
Older People
Mental Health Services for Older People over 65
PAYMENTS ONLY – Drug and Alcohol
PAYMENTS ONLY – Mental Health under 65
PAYMENTS ONLY - Learning Disabilities
PAYMENTS ONLY - Neuropsychiatry
PAYMENTS ONLY – Physical Disability
PAYMENTS ONLY – Older Persons (Historic)
PAYMENTS ONLY – Mental Health Services for Older Persons Over 65 (Historic)

Please note: You will not be scored for quality if you only select the PAYMENTS ONLY categories. If you would like to know how your organisation will be evaluated for the Older People or Mental Health Services for Older People over 65 categories please see the Application Guide for these categories on that can be found at <https://demand.sproc.net/Clients> under the Care Homes DAPL Category tab. If you select, either the Older People or Mental Health Services for Older People over 65 and a Payments Only category your application will be scored in line with those categories. If you fail to meet the onboarding threshold you will be accepted for your payments only category only.

As you are applying as a Payment Only Provider, you will be expected to answer question 94 as 'no'. Therefore all questions following 94 that are triggered by answering this question 'Yes' will not apply to you.

2.2 Adding Bank Details

You will be required to enter your Bank Details for payment purposes – the entry fields can be seen below and you will be asked for details such as your Bank's name, the account holder's name and your account number.

Please Enter The Bank Details For This Location

Bank Name *

Branch Name *

Sort Code *

Please enter your own code identifying address or account. See all UK bank accounts for details & eligibility

Account Number *

Please enter your account number including spaces or dashes. See all UK bank accounts for details & eligibility

Please enter the details of the business address for this location

Business Contact Name *

Phone Number *

Local Address *

Local Address 2 *

Address Line 1 *

Address Line 2 *

Address Line 3 *

Address City *

Country *

Post Code *

Country *

Business Size *

I agree that I am certified to accept responsibility for submitting this information on behalf of my business. *

Save

Reasons you may not pass the initial review stage of the accreditation & enrolment process

1. The correct financial documentation must be uploaded. You must upload the documents identified within Q38-47 of the Enrolment section.
2. The Employers Liability Insurance document provided must identify that coverage is in place to a minimum of £10m, as outlined in Q55. The document must clearly show the company name as well as the issue/expiry dates.
3. The Public Liability Insurance document provided must identify that coverage is in place to a minimum of £5m, as outlined in Q56. The document must clearly show the company name as well as the issue/expiry dates.
4. The Professional Liability Insurance document provided must identify that coverage is in place to a minimum of £2m, as outlined in Q57. The document must clearly show the company name as well as the issue/expiry dates.
5. Your current business continuity plan must be uploaded as requested in Q96.
6. All mandatory documents (CIW Registration Confirmation/CQC Certificate, Subcontractor Health & Safety Monitoring Policy, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) policy, Living Wage Certification if applicable) must be uploaded as outlined in their respective questions – you must upload the documents as they apply to your organisation.

7. Your current Safeguarding Policy must be uploaded as requested in Q100.

If documents uploaded, or answers provided do not meet the minimum requirements specified in the question texts of the Accreditation and Enrolment (see above), your Enrolment will not pass the *adam* review stage. While you will not be quality assessed with your application you still must provide this information outlined above as a minimum for our compliance and contract monitoring work.

Quality Review Criteria

As you are only onboarding to the SProc.Net system to receive payment for the services that you deliver, the information requested within this onboarding criteria is for information only at this point. If you were to update your Enrolment in the future and select one of the non-payment only categories your Enrolment, we will seek additional information in relation to your Care Home and will evaluate your submission in line with the Quality Criteria. For more information about how the Council will score the quality element of your submission please see the Application Guide For Providers of Residential and/or Nursing Care to Older People, & Older People requiring Mental Health Support. If you select a PAYMENTS ONLY category and either the Older Persons and/ or Mental Health Services for Older Persons category your Enrolment will be quality assessed.

Next Steps

Following submission, the Accreditation and Enrolment will be reviewed by *adam* and then passed to Cardiff Council Officers final acceptance. System notifications are issued following each review stage to advise if the application has been Approved.

For more details on how to create and submit your Accreditation and Enrolment information, please see the Accreditation and Enrolment User Guide available at <http://demand.sproc.net> under the 'Help' section.

To register and begin your application, visit www.sproc.net.